No. 89.

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Dysentery

John C. Smith –

March 30th 1890

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Dissertation on Dysentery.

Dysentery, is a disease which occurs in summer, and Autumn, at the same time with intermittent, and remittent fevers, and is often complicated with them.

It sometimes comes on with the usual symptoms of fever, as shivering, and other marks of a cold stage, which are succeeded by thirst, frequent pulse, and soon after by the local symptoms peculiar to the disease. But most commonly an affection of the bowels is the first symptom.

In some few cases it attacks in the form of a Diarrhoea, which gradually assumes that of Dysentery. But most frequently the disease begins with griping, frequent stools, and more or less tenesmus. The discharges are small consisting of mucus commonly tinged with blood. Sydenham mentions some cases where there was a frequent inclination to stool, and severe griping without any discharge.

By degrees the griping becomes more severe, the stools more frequent, and the tenesmus more considerable

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These symptoms are usually preceded by a costive, and flatulent state of the bowels, accompanied with sickness of the stomach, loss of appetite, and sometimes vomiting. At this time, the fever if it did not precede the local affection, makes its appearance; in the southern states it is generally inflammatory assuming the remittent type. But in protracted, and obstinate cases degenerates into Typhus.

Dr. Sydenham calls dysentery a "Febris Introversa", and I think this definition applicable to the disease as it occurs in the southern states. It appears to be produced by the same causes as Intermittent & Remittent fevers, as bilious collections, suppressed perspiration, determining a greater quantity of blood to the intestines; errors in diet, heat and cold, alternating with each other; dry, and wet weather; cool, and damp nights succeeding to ~~[illegible]~~ warm weather &c.

Pringle, (whose essay on Dysentery is probably one of the best that has ever been written

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and whose experience was very great) observes "That in low marshy countries, in warm weather; a sudden stoppage of perspiration coming upon relaxed fibres, and a putrescent state of the blood arising from a constant exposition to the sun, if not timely remedied, will generally occasion a remittent, or an intermittent fever, a cholera, or a flux. —

Dysentery is most common in those years and at that season of the year, in which remittent & intermittent fevers are most common; and there is often an exacerbation of the symptoms at that time of the day when the paroxisms of those fevers occur.
Nor are the remedies very dissimilar. In dysentery they are blood letting, emetics, cathartics, and diaphoretics; and these are the remedies principally relied on in those fevers.

Contagion has been regarded by most European Physicians as the principal cause of Dysentery. Fullen, Thomas, Pringle, Wilson, and Monroe all embrace this opinion, & upon such authority, I cannot

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doubt the fact, particularly when it occurs in camps, and hospitals. But as it occurs in the United States it is never contagious at its commencement, or inflammatory state, and only becomes so when the fever assumes the typhus form, and the chamber is filthy, & imperfectly ventilated.

The fever generally continues throughout the whole course of the Disease, particularly, when it is violent, but in milder cases it ceases entirely in 6, 8 or 10 days, although the Dysenteric symptoms continue, generally, much longer. —

The matter discharged from the bowels is very various in some it is principally a white mucus, as mentioned before, constituting the Disease called morbus mucosus, or Dysenteria alba; and this kind of stools in some continues throughout the whole course of the Disease. But in ~~most~~ cases it is tinged with blood, and in a few ~~cases~~ blood is voided in considerable quantities. —

In some cases lumps of coagulated mucus are passed; the stools are often slimy, & very fetid, in some a serious

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The natural fæces seldom appear, and when they do they are in the form of scybalæ preceded by severe griping, and attended by some constipation of the symptoms. Vomiting is in some cases avoided by blood, and in others consulted; this is particularly the case in adult females, and in children and the aged it is a great danger.

The danger in this disease is denoted by the extreme of the pulse, great sickness of the stomach, vomiting severe griping, frequent inclination to go to stool; small & frequent discharges; restlessness and anxiety, loss of appetite, absence of the natural fæces, great irritation in the alimentary canal; excretion of fæces; marked sensity; great prostration of strength; irregular flushes of heat, particularly about the stomach; thirst; small, frequent, & tense pulse; furred and yellow tongue &c.

If the disease is not to terminate fatally

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these symptoms become aggravated the pain is small, frequent, and irregular, tenesmus and diarrhœa attendant of the abdomen is lax, distended, and partial tension of the abdomen, darkness and extremely foul stools, which are often involuntary.

The pulse of all or the greater part of these symptoms denotes the most imminent danger. In this manner operating fever terminates in a few days with all the symptoms of a suppurating fever. And in this case where it proves fatal it is often protracted to the fourteenth, eighteenth or even twentieth day — the last days which I have of a fatal termination, are on the eighteenth day from mortification of the intestines; and the other on the twentieth by exhaustion from a profuse bilious diarrhœa, after the patient had appeared to be convalescing for several days.

When it terminates favorably it is generally by no regular crisis, but by a cessation of all the symptoms, the fever becomes less

seen.

severe. The skin is dry & parched, & more natural. The breathing is considerable; the skin becomes moist, the tongue clean, the abdomen volume by degrees & in most cases the patient recovers her strength in a short time.—

But in a few cases it assumes the chronic form, and some of the dysenteric symptoms continue for a long time, and they are particularly the case in low marshy countries in persons of weak, relaxed habits & weak bowels.—

The disease often terminates spontaneously in a few days, or by the exhibition of a mild cathartic. In some few cases the skin is moist from the first without affording any relief to the patient; but in most cases there is considerable elevation of the skin. Sydenham cured some cases of dysentery by laudanum alone; and Dr. Rush mentions a dysentery that prevailed in a part of Pennsylvania which required the use of Cinchona without any previous evacuation.

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but dysentery as it occurs in the Southern States requires a very different treatment. In all cases of this disease where the Physician is called at the onset, astringents, demulcents, and tonics are highly pernicious and consequently impermissible demanded. Many valuable lives have been lost, by the premature use of astringents administered by Negro nurses and ignorant pretenders to medicine, and the unhappy debilitated sufferer fatally a victim to burnt rum, infusion of oak bark &c:

Before entering on the cure of dysentery I must be permitted to bear testimony against a very pernicious practice which is often inculcated by some European Authors particularly by Wilson, and which is to be found in almost every page of his popular treatise on fever, namely; "When we suspect that debility will supervene during the course of the disease, we should forbid the use of the lancet or use it sparingly especially in this disease. I would ask if most diseases when permitted to run their natural course (or if any

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even they (if protracted) do not degenerate into one of debility? I would ask with due reference to the opinion of the above author, if we do see of great morbid excitement at their commencement provided they be not reduced by the proper remedy, of prostration is not more likely to succeed, and that of the most dangerous kind? We have not witnessed the most violent attacks of pleurisy, or Bilious fever if neglected terminating in the most alarming debility, and derangement of the vital functions? And let me add that this prostration so much dreaded is only to be prevented by the early and judicious use of the proper depleting remedy among which the Lancet holds a pre-eminent rank, as a quick, general, efficient!!!

The cure of Dysentery is to be commenced by blood letting which is to be repeated according to circumstances. There are very few cases which do not require its use. The pulse here as in other visceral inflammatory affections, is small, and deceptive to those not conversant

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with the disease: but if attentively examined will be found hard and tense. It has been alleged that in the commencement there is no inflammation of the intestines and therefore bleeding would be useless, or injurious at this time. I believe with Dr. Sydenham that it is a "febris sui-generis" generally of the inflammatory kind; & if this view of the disease be correct it requires for its cure depleting remedies. — Again, what will more effectually prevent that inflammation of the bowels which is said to take place afterwards than the early use of the lancet.

I would not be understood to recommend the indiscriminate use of this powerfully depleting remedy. There are some cases in which it would be highly pernicious as in weak debilitated habits in low marshy countries or in the wards of an alms house where low fevers prevailed. 2d. The second remedy I would propose in Dysentery is emetics, most modern physicians recommend them, where there is much sickness of the stomach. —

But I think in almost all cases of the disease, particularly when it prevails epidemically

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they are useful not only by their cleansing the stomach, but by their relaxing effect and by their determining to the surface. Some difference of opinion has prevailed as to the best kind of emetic. Ipecacuanha is certainly to be preferred to all others. I have seen the best effects from its use particularly when so managed as to act as a purgative; a few grains may be given every hour until the stomach & bowels are effectually cleansed. (Vide ~~Dublin~~ & Chengle)

When Ipecacuanha acts as a cathartic it is in my opinion much more beneficial than any other cathartic. In many cases with it I have never seen it act as a purge without its being signally beneficial.

The third remedy in Dysentery is cathartics. Sulphate of Soda, & Magnesia, Calomel, Castor Oil, Senna, Manna, & Rhubarb have all been used with success. Most physicians depend principally on purgatives in the cure of Dysentery. Perhaps too much stress has been laid on this remedy (Vide Chapman) —

Of the above articles I prefer the Calomel at first, particularly if there be a preponderance of

of bilious symptoms are in some cases the secretion of the liver appears to be locked up until Calomel has been used then large discharges of fæces are seen to take place with very evident relief to the patient. Sulphate of Magnesia in both excellent purges the Castor Oil and these fæces must be effected by Carminative Clysters. Castor Oil is an excellent cathartic particularly after the use of Calomel, when nausea exists, and in the advanced stage of the disease. The following formula is much recommended

℞ Ol Ricini ℥ss
Gum Arabic ℥ss
Sac Album ℥ss
Succ. Opii ℥ss
Aqua Menthæ ℥iij

(for a bottle, good to be taken.)

Rhubarb, is improper at the commencement of the disease, but may be used after inflammatory action is subdued particularly when it is by no means constipated. It has been stated in commendation of its use as follows:

"It is generally given among the physicians of the United States that the use of them seems to be attended

[in]flammatory action, by blood letting, Cathartics & Emetics is highly pernicious, but when this is done they are very beneficial. Nor is it always necessary to wait for a change in the first discharge (vide Chapman's Therap.) In this early stage priming, Ipecacuanha &c should be combined with the Opium

℞ Calomel ℈i
Opium gr. IV
Ipecac: gr. VI } ft. IV pills one to be taken every sixth hour. They open the bowels procure sleep, allay pain and excite a gentle Diaphoresis. A pill of this kind is given at bed time with advantage after the operation of a mild purge.

Ipecacuanha as an emetic or expectorant when judiciously used, is not inferior to the preparations of Antimony. The latter having been lately extolled by Pringle, Senac, & Baker to the opinion of such high authority much respect is certainly due. The practice of [illegible] as quoted by Pringle was after evacuating by bleeding & purging to give one grain of Tartar

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Emetic dissolved in a pint of common whey, or chicken water in divided draughts this constitutes the drink, food and medicine of the patient until he recovered. His intention was to keep a free passage from the stomach to the rectum by the mildest laxatives which he found was best answered by the minute quantity of Tartar Emetic. By this simple treatment he was generally successful. Is it not highly probable that the diaphoretic effects of this medicine had a considerable share in producing the beneficial effects resulting from its use? Pringle seems to prefer the vinous glass of Antimony. no doubt it is useful but the experience of the physicians of the United States have decided in favor of Ipecacuanha, where Antimony is used the Tartar Emetic.

After bleeding, vomiting, purging, diaphoretics are indicated & should never be neglected; they certainly have been too much overlooked by many respectable Physicians. Dr. Mosely has pointed out their utility in a masterly manner; and although he may possibly have run too much stress on their use, yet their utility is too recent

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evident for them to be neglected. This solution is best combined by Ipecacuanha & opium, Laudanum, & Antimonial wine, James' powder or Dover's powder &c. When diaphoresis is once excited it should be kept up for some hours by mild teas.

The decoction of the Asclepias Decumbens is an excellent diaphoretic, & Cordial in this disease. No warm or stimulating medicines should be used to force out the perspiration. The warm bath is often serviceable at this time particularly among children it often allays the tormina of the bowels, awakens the sensibility of the system and determines to the surface. When the bath is inconvenient fomentations to the abdomen with a decoction of Chamomile flowers are highly useful. It sometimes allays the most distressing symptoms, and ought never to be neglected. Rubbing the abdomen with spirits, wine, laudanum, camphor &c. is beneficial. But the best application is a large blister over the part affected. Many object to this practice on account of the pain it produces, but it should never be neglected in severe cases: nor do they often produce strangury or the

Various remedies have been proposed. Anodyne, & more [illegible] are at the time highly serviceable (the latter may be used with advantage in the early stage of the disease) as starch injections with laudanum; flax seed tea with laudanum; a thick mucilage of Gum Arabic, one or two ounces with twenty or one hundred drops of laudanum; fresh butter has also been used. They allay irritation, pain, tenesmus, & procure sleep and rest for the distressed patient. In some persons injections of laudanum do but little good, & often in these cases injections without laudanum are more serviceable. An opium pill of 2 or 3 grs used as a suppository is highly beneficial in relieving tenesmus when other remedies have failed.

Astringents are much used by the ancients but they have been very justly discarded by the moderns, as they should never be used while the Dysenteric stools continue. But when hectic or Diarrhoea is kept up by debility, & relaxation of the bowels they ought to be resorted to as Kino, Catechu, Logwood Etc.

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At the close of the disease when there is considerable debility, & we wish to keep a discharge from the bowels the following formula is very beneficial:

℞ Pulv: Colombo ʒ ss
Opium . . gr iij
Calomel gr. VIII

} fac VI pondera, one to be given every 2 hours during the day.

Or,

℞ Pulv. Colomb: ʒ ss
Pulv. Rhubarb. gr. XV
Opium . . . gr. iij

} fac. 6 pondera & given as above

Compound Tincture of Rhubarb is at this time highly useful.

When the disease assumes the typhus form, it is very obstinate and dangerous, and here as in most other diseases Mercury is much relied on. It should be given in small but frequently repeated doses so as to put the system under its influence as soon as possible. When it is attended with a dry parched skin pale face, dark eye and small painful ulcerations; Cinchoretics as premised before should be resorted to but

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may use the stimulating, as Spanish Mustard, Cayenne pepper
Blisters to the extremities are also highly beneficial.
But in some cases notwithstanding all, we remedy the
patient experiences no relief, but all the symptoms aggra-
vated — great prostration of strength, depression of spirits
restlessness and anxiety, severe griping pain; weak
irregular pulse, dark, furred tongue; fetid and cada-
verous stools often involuntary, & coldness of the extremities.
In this alarming situation we are not to despair; — our
practice should be energetic, & every inch of ground contend-
ed for. — Bark and Serpentaria in decoction with the
liberal use of port wine; rubefacients to the extremities
and opium in small & frequently repeated doses. —
Opium and Nitric Acid have at this time been highly
recommended.

℞ Opii — gr. ij.
Nit. Acid ℥ij.
Aquæ ℥iss
} dose a table spoonful every 1, 2 or 3 hours.

Of the few cases in which I have seen this remedy used
it has completely failed; it may however be tried —

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When to the before-mentioned symptoms the pulse becomes more irregular, and scarcely perceptible, and a partial ~~cold~~ clammy, cold sweat, hiccough, involuntary stools, tension of the abdomen, Flatulency, We may be certain that the disease has, or is about to terminate in gangrene. In this alarming and truly dangerous situation, we sometimes succeed in snatching (as it were) our patient from the arms of the King of terrors, and thereby add another trophy to the triumphs of medicine over disease.

And here as we might anticipate the convalescence is slow, and requires the particular attention of the physician lest while his patient is just on the threshold of health he should unexpectedly sink into the arms of death. The patients diet should be nourishing and such as is easy of digestion. The bitter tonics should be used as Colombo, Gentian, Quassia, & Serpentaria. If Diarrhoea supervene, the tincture of Rhubarb & a decoction of the Dewberry root with opium at night should be resorted to. Flannel bandages round the body so as to cover the abdomen completely they

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should never be neglected; they support the part, and impart warmth and tone to the debilitated bowels. Flannel should be worn kept to the skin. —

Convalescents should avoid errors in diet, or drink exposure to cold or damp rooms, and moisture to the feet. — The diet during the inflammatory stage should be very light, as Arrow root, Tapioca, Rice, Sago, Raw eggs, & milk thickened with flour which has been boiled — The drink should be Barley water, rice water, apple water, toast and water, or a decoction of Pleurisy root. —

A Dep